

Electronic Monitoring: \_\_\_\_ (Yes) \_\_\_\_ (No)

HIGH PROFILE? \_\_\_\_

## HOME DETENTION CONTRACT

PLEASE PRINT:

FILE # \_\_\_\_\_ COMPLAINT # \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_ TYPE OF HEARING: \_\_\_\_\_

I \_\_\_\_\_ understand that I have been placed in the Home Detention Program. While in the program, I will reside with and will remain at all times in the ADULT custody of the following individuals ONLY (Name each Person):

\_\_\_\_\_  
(Name) (Relationship) (Home Phone) (Cell Phone)

\_\_\_\_\_  
(Name) (Relationship) (Home Phone) (Cell Phone)

\_\_\_\_\_  
(Address, City, Zip Code)

\_\_\_\_\_  
(Work Phone or other#)

**I WILL NOT LEAVE THE ABOVE ADDRESSES UNLESS ACCOMPANIED BY THE ABOVE-NAMED PERSON(S). MY PARENT WILL CALL THE HOME DETENTION OFFICER WHEN I LEAVE THE RESIDENCE. THE ONLY EXCEPTIONS FOR LEAVING THE HOUSE WITHOUT THE ABOVE-NAMED PERSON(S) ARE AS FOLLOWS:**

- ( ) I will attend school at \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_
- ( ) I will arrive home from school daily by \_\_\_\_\_
- ( ) I will continue my employment at \_\_\_\_\_ Phone: \_\_\_\_\_
- ( ) My work schedule and address of employer are: (Work Hours) \_\_\_\_\_  
(Address) \_\_\_\_\_

**I WILL NOTIFY MY HOME DETENTION OFFICER AND P.O. OF ANY CHANGES IN MY WORK SCHEDULE**

- ( ) I will participate in the following PROGRAM(S): \_\_\_\_\_  
scheduled on the following days: \_\_\_\_\_ (Hours) From: \_\_\_\_\_ to: \_\_\_\_\_

**I WILL ALSO ABIDE BY THESE SPECIAL TERMS:**

- ( ) NO ALCOHOL OR DRUGS WILL BE BOUGHT OR CONSUMED.
- ( ) NO FRIENDS VISIT UNLESS MY PARENT/GUARDIAN APPROVES AND IS AVAILABLE TO SUPERVISE.
- ( ) I WILL NOT LEAVE MARICOPA COUNTY OR THE STATE OF ARIZONA WITHOUT THE PO'S PERMISSION.
- ( ) I WILL NOT ASSOCIATE WITH ANYONE THAT HAS BEEN DETAINED, HAS A RECORD, OR IS IN A GANG, ESPECIALLY: \_\_\_\_\_
- ( ) I WILL NOT VISIT FRIENDS OR RELATIVES WHO ARE PRESENTLY IN JAIL OR IN PRISON.

**I HAVE READ ALL THE TERMS AND CONDITIONS OF THIS CONTRACT AND THEY HAVE BEEN EXPLAINED TO ME. I AGREE TO ABIDE BY ALL THE TERMS.**

X \_\_\_\_\_ X \_\_\_\_\_  
JUVENILE'S SIGNATURE DATE

**I (WE) HAVE READ THE CONTRACT AND THE CONDITIONS OF THE CONTRACT HAVE BEEN EXPLAINED. I (WE) AGREE TO ENFORCE THE TERMS AND CONDITIONS OF THE HOME DETENTION CONTRACT.**

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF THE PARENT/CUSTODIAN DATE

X \_\_\_\_\_ X \_\_\_\_\_  
OFFICER OF THE DAY/ASSIGNED PROBATION OFFICER DATE

**SPECIAL INSTRUCTIONS TO HOME DETENTION OFFICER**